

L00000012292

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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((H00000052950 3)))

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

LIMITED LIABILITY COMPANY

PALM REALTY VENTURES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

1 of 2

305 541 3770 P.01/04

EMPIRE CORP.

DCT-09-2000 14:52

RECEIVED
00 OCT -9 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
00 OCT -9 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/6/00 12:37 PM

H00000052950
ARTICLES OF ORGANIZATION

FOR

PALM REALTY VENTURES, LLC

ARTICLE I. - NAME

The name of this Limited Liability Company ("Company") shall be:

PALM REALTY VENTURES, LLC

ARTICLE II. - ADDRESS

The mailing address of the Company is: c/o Pedro A. Martin, Esq., Greenberg Traurig, P.A., 1221 Brickell Avenue, Suite 2100, Miami, Florida 33131.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its Manager; the name and address of such Manager is:

Name: Tamara J. Fisher

Address: 164 Seminole Avenue
Palm Beach, Florida 33480

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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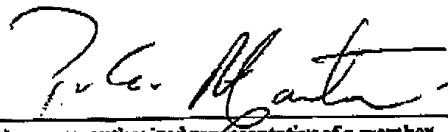
FILED
00 OCT -9 PM 3:28
CLERK OF DISTRICT COURT
PALM BEACH, FLORIDA

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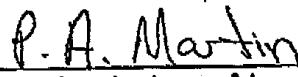
ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

THE PARTY HERETO HAS EXECUTED THESE ARTICLES OF ORGANIZATION
AS OF THE 5TH DAY OF OCTOBER, 2000



Signature of a member or an authorized representative of a member.



Typed or printed name of signee

FILED
00 OCT -9 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H00000052950


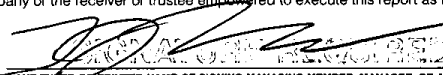
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305 541 3770 P.03/04

EMPIRE CORP

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14:52
OCT-09-2000

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012292 1. Entity Name PALM REALTY VENTURES, LLC				FILED 01 APR 10 AM 8:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business % PEDRO A. MARTIN, ESQ./GREENBERG TRAUIG 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		Mailing Address % PEDRO A. MARTIN, ESQ./GREENBERG TRAUIG 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. GREENBERG, TRAUIG P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, TAMARA J 164 SEMINOLE AVENUE PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/3/01 Daytime Phone #: (56) 818-2252		

0008592 AF

CR2E083 (11/00)

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000012292**

1. Entity Name

PALM REALTY VENTURES, LLC

Principal Place of Business

**% PEDRO A. MARTIN, ESQ./GREENBERG TRAURIG
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131**

Mailing Address

**% PEDRO A. MARTIN, ESQ./GREENBERG TRAURIG
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.
GREENBERG, TRAURIG P.A.
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGR
FISHER, TAMARA J
164 SEMINOLE AVENUE
PALM BEACH FL 33480**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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10. ADDITIONS/CHANGES

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90257 012 ****50.00

B0102527


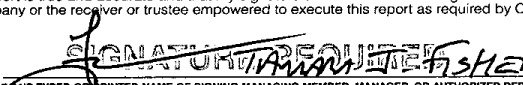


DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)****FILED**
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90105 029 ****50.00

DOCUMENT # L00000012292					
1. Entity Name PALM REALTY VENTURES, LLC					
Principal Place of Business PEDRO A. MARTIN, ESQ./GREENBERG TRAURIG 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131			Mailing Address PEDRO A. MARTIN, ESQ./GREENBERG TRAURIG 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 65-1077279	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. GREENBERG, TRAURIG P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGR FISHER, TAMARA J <input type="checkbox"/> Delete				
NAME	164 SEMINOLE AVENUE				
STREET ADDRESS	PALM BEACH FL 33480				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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SIGNATURE:  2/6/03 (54) 818-2252					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)